

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018 OF THE CONDITION AND AFFAIRS OF THE

CareFirst BlueChoice, Inc.

NAIC Group (NAIC Company Cod	e <u>96202</u> Employer's I	D Number52-	1358219		
Organized under the Laws of	(Current) (Prior) District of Columb	oia	State of Domicile or Port of E	ntry	DC		
Country of Domicile		United States	of America				
Licensed as business type:		Health Maintenand	ce Organization				
Is HMO Federally Qualified? Yes [] No [X]						
Incorporated/Organized	06/22/1984		Commenced Business _		03/01/1005		
Statutory Home Office	840 First Street, NE		=	Washington, DC, US			
	(Street and Number)		(City or	Town, State, Country	and Zip Code)		
Main Administrative Office							
Owings	Mills, MD, US 21117	(Street and I	Number)	410-581-3000			
	tate, Country and Zip Code)	= =====================================	(A	rea Code) (Telephone			
Mail Address(S	10455 Mill Run Circle treet and Number or P.O. Box)		(0)	Owings Mills, MD, US	21117		
Primary Location of Books and Records				Town, State, Country	and Zip Code)		
		10455 Mill R (Street and N					
Owings I (City or Town, S	Mills, MD, US 21117 tate, Country and Zip Code)			410-998-7011			
Internet Website Address				rea Code) (Telephone	Number)		
			SLCOM				
	William Vincent (Name)	Stack		410-998-7 (Area Code) (Telep			
	ck@carefirst.com mail Address)	*		410-998-6850			
	,	055105	-	(FAX Number)			
President and Chief		OFFICE	RS				
Executive Officer Corp. Secretary, Exec. VP	Brian David Pieninck #	#	Corp. Treasurer & VP	Jean	ne Ann Kennedy		
& Gen. Counsel	Meryl Davis Burgin						
Gregory Mark Chaney, EVI	Rose V	OTHE tacia Anne Cohen #, E /artuhi Megian, EVP, S	VP, Medical Affairs small and Medium Group	Wanda Kay Onefer	rkum, EVP, Large Grou ru-Bey, EVP, Consumer	p SBU Direct &	
Maria Harris Tildon #, EVP, Mktg Co	lennif	fer Ann Cryor Baldwin,	SVP, Patient Centered	Governi	ment Programs SBU		
Stacey Rae Breidenstein #, SVP, Net- Andrew James Fitzsimmons #, SVP,	vorks Management Vickie S	Medical Home Shennay Cosby #, SVI	P, Consumer Direct SBU	Peter Andrew Sandra Anne Di	Berry, SVP, Chief Actu lworth #, SVP, IT Opera	ary	
Officer Usha Nakhasi, SVP, Gen Mgr SB	Melvelyn	Melson Greene #, SV	P, FEP Local Operations SVP, IT Applications	Jonathan Nahm Kromm # SVP Mktg & Co.			
	Tion.			Michelle Judith W	right, SVP, Human Res	ources	
Jeffrey Peter DiLisi		DIRECTORS OR Wendell Lee		Ann	n Baldwin Mech		
Brian David Pieninck	#	John Frederic	ck Reim	7.01	T Daidwill Mech		
	rland SS	S:					
The officers of this reporting entity being all of the herein described assets were statement, together with related exhibits, condition and affairs of the said reporting naccordance with the NAIC Annual Staules or regulations require differences espectively. Furthermore, the scope of exact copy (except for formatting difference to the enclosed statement. Bham David/Pjeninck President and Chief Executive Officers	schedules and explanations the entity as of the reporting periodernent Instructions and Account reporting not related to a this attestation by the describe ces due to electronic filing) of the electronic filing of the electronic filing of the electronic filing is the electronic filing in the electronic filing in the electronic filing is the electronic filing in the electronic filing in the electronic filing is the electronic filing in the electronic filing in the electronic filing is the ele	nerein contained, anne- id stated above, and of unting Practices and P accounting practices a	xed or referred to, is a full and fits income and deductions the rocedures manual except to and procedures, according to the related corresponding at. The electronic filing may be urdin	d true statement of all true statement of all true statement of all true extent that: (1) state the extent that: (1) state the best of their in electronic filing with the requested by various	apt as herein stated, at the assets and liabilitie. I ended, and have beer te law may differ, or, (aformation, knowledge ne NAIC, when required is regulators in lieu of or anne Ann Kennedy orp. Treasurer & VP	and that this s and of the completed that state and belief	
subscribed and sworn to before me this day of annun	February		b. If no, 1. State the amendment 2. Date filed	t number	Yes[X]No[]		



10-02-2019

My Commission Expires

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	1,533,817	712,077	512,776	100,979	100,979	2,758,669
Group Subscribers:						
Federal Employee Health Benefit Program	47,998,405	0	0	0	0	47,998,405
0299997. Group subscriber subtotal	47,998,405	0	0	0	0	47,998,405
0299998. Premiums due and unpaid not individually listed	31,522,355	2,599,904	260,134	2,528,707	3,336,129	33,574,972
0299999. Total group	79,520,760	2,599,904	260,134	2,528,707	3,336,129	81,573,377
0399999. Premiums due and unpaid from Medicare entities	0	0	0	0	0	0
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	81,054,577	3,311,981	772,910	2,629,686	3,437,108	84,332,046

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
CaremarkPCS Health, LLC	82,915,264	0	0	0	0	82,915,264
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	0	0	0	0	0	0
0199999. Total Pharmaceutical Rebate Receivables	82,915,264	0	0	0	0	82,915,264
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	4,284,529	0	0	0	4,284,529	0
0299999. Total Claim Overpayment Receivables	4,284,529	0	0	0	4,284,529	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	40,662,400	0	0	0	0	40,662,400
0399999. Total Loans and Advances to Providers	40,662,400	0	0	0	0	40,662,400
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	127,862,193	0	0	0	4,284,529	123,577,664

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		ceivables Accrued 31 of Current Year	5	6
	1	2	3	4		Estimated Health Care
	On Amounts Accrued	On Amounts Accrued	On Amounts Accrued December 31 of	On Amounts Accrued	Receivables in Prior Years	Receivables Accrued as of December 31
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	of Prior Year
Pharmaceutical rebate receivables	72,749,807	0	0	82,915,264	72,749,807	72,749,807
Claim overpayment receivables	5,304,535	0	0	4,284,529	5,304,535	5,304,535
Loans and advances to providers	29,275,800	0	0	40,662,400	29,275,800	29,275,800
Capitation arrangement receivables	0	0	0	0	0	0
Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables.	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	107,330,142	0	0	127,862,193	107,330,142	107,330,142

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

19999. Aggregate accounts not individually listed -uncovered 0 0 0 0 0 0 0 0 0	Aging Analysis of Unpaid	l Claims					
Imst Unpaid (Reported) 99999. Individually listed claims unpaid 0	1	2	3	4	5	•	7
19999. Aggregate accounts not individually listed -uncovered 0 0 0 0 0 0 0 0 0		1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
9999. Aggregate accounts not individually listed-uncovered 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Claims Unpaid (Reported)						
99999. Aggregate accounts not individually listed-covered 15, 633, 708 1, 633, 708 1, 635, 661 34, 698 2, 020 23, 009 16, 752, 95 19999. Unreported claims and other claim reserves 168, 157, 648 19999. Total arims unpaid 184, 910, 66	0199999. Individually listed claims unpaid	0	0	0	0	0	0
9999. Unit claims and other claim reserves 9999. Total claims unpaid 15,633,708 1,059,561 34,698 2,020 23,009 16,752,98 168,157,60 19999. Total claims unpaid	0299999. Aggregate accounts not individually listed- uncovered	0	0	0	0	0	0
168,157,60 19999. Total amounts withheld 19999. Total claims unpaid 184,910,60	0399999. Aggregate accounts not individually listed-covered	15,633,708	1,059,561	34,698	2,020	23,009	16,752,996
9999. Total claims unpaid 184,910,60	0499999. Subtotals	15,633,708	1,059,561	34,698	2,020	23,009	16,752,996
184,910,60 184,910,60	0599999. Unreported claims and other claim reserves						168, 157, 607
	0699999. Total amounts withheld						0
	0799999. Total claims unpaid						184,910,603
000 Acquired modical invention and and have a mounts							
000 Acquied medical inspetito and have amounts							
One Approach modical inspective pool and have a mounts							
2000 Approximation insenting pool and have presented							
2000 Approximation insenting pool and hours programs							
2000 Approximation insenting and hours property							
2000 Approach medical insenting pool and have a property							
2000 Approach medical insenting peel and have a property							
2000 Approach medical incentive peel and have a mounts							
2000 Approach medical incentive peel and have a mounts		ļ					
2000 Approach medical incentive peel and have a mounts							
2000 Approved medical incentive need and house amounts							
	0899999 Accrued medical incentive pool and bonus amounts	<u> </u>					

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Group Hospitalization and Medical Services, Inc.	93, 269, 127	0	0	0	0	93,269,127	0
0199999. Individually listed receivables	93, 269, 127	0	0	0	0	93, 269, 127	0
0299999. Receivables not individually listed	0	0	0	0	0	0	0

0399999 Total gross amounts receivable	93,269,127	0	0	0	0	93,269,127	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
CareFirst of Maryland, Inc.	Management Services Agreement	3, 139, 154	3, 139, 154	0
0199999. Individually listed payables		3, 139, 154	3, 139, 154	0
0299999. Payables not individually listed		12,879	12,879	0
0399999 Total gross payables		3,152,033	3,152,033	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6 Column 1
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0	0	0.0	0	0
2. Intermediaries	4,348,327	0.2	367,578	58.3	0	4,348,327
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments.	4,348,327	0.2	367,578	58.3	0	4,348,327
Other Payments:						
5. Fee-for-service	18,226,834	0.7	XXX	XXX	0	18,226,834
6. Contractual fee payments	2,743,605,454	99.2	XXX	XXX	0	2,743,605,454
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	2,761,832,288	99.8	XXX	XXX	0	2,761,832,288
13. TOTAL (Line 4 plus Line 12)	2,766,180,615	100%	XXX	XXX	0	2,766,180,615

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
			Average Monthly		Intermediary's Authorized Control Level RBC
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	Davis Vision	4,348,327	362,361	0	0
9999999 Totals		4,348,327	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. Washington, DC REPORT FOR: 1. CORPORATION CareFirst BlueChoice, Inc.

								(LOCATION	۷)	
NAIC Group Code 0380 BUSINES	S IN THE STATE OF					DURING THE YE		NAIC Con	npany Code	96202
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	85,565	5,427	79,998	0	0	140	0	0	0	
2. First Quarter		5,446	81,132	0	0	165	0	0	0	
3. Second Quarter	87,356	5,075	82,105	0	0	176	0	0	0	
4. Third Quarter	87,756	4,802	82,773	0	0	181	0	0	0	
5. Current Year	88,947	4,410	84,342	0	0	195	0	0	0	(
6. Current Year Member Months	1,049,374	60,426	986,881	0	1	2,066	0	0	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	494,050	22,283	471,767	0	0	0	0	0	0	
8. Non-Physician	411,316	20,553	390,763	0	0	0	0	0	0	
9. Total	905,366	42,836	862,530	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	13,296	943	12,353	0	0	0	0	0	0	(
11. Number of Inpatient Admissions	3,844	206	3,638	0	0	0	0	0	0	(
12. Health Premiums Written (b)	462,554,504	18,554,926	443,769,840	0	16,707	213,031	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	447,582,048	18,554,926	428,797,384	0	16,707	213,031	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	349,427,868	18,688,120	330,544,432	0	103,600	91,716	0	0	0	
18 Amount Incurred for Provision of Health Care Services	350,956,035	18,457,100	332,300,180	0	103,600	95,155	0	0	0	I

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products _____0.

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareFirst BlueChoice, Inc. 2. Washington, DC

								(LOCATION	l)	
NAIC Group Code 0380 BUSINES	S IN THE STATE OF	Maryland				DURING THE YE	AR 2018	NAIC Com	pany Code	96202
	1	Comprehensive (H		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	486,232	140,594	276,475	0	604	30	68,529	0	0	
2. First Quarter	472,331	118,236	285,143	0	558	26	68,368	0	0	
3. Second Quarter	465,391	111,909	284,129	0	568	40	68,745	0	0	
4. Third Quarter	462,419	107,950	284,520	0	596	37	69,316	0	0	
5. Current Year	461,733	103,346	288,235	0	400	16	69,736	0	0	
6. Current Year Member Months	5,614,254	1,361,420	3,418,940	0	6,586	360	826,948	0	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	2,992,398	768,859	1,679,384	0	0	0	544 , 155	0	0	
8. Non-Physician	2,341,089	636,062	1,292,079	0	0	0	412,948	0	0	
9. Total	5,333,487	1,404,921	2,971,463	0	0	0	957, 103	0	0	
10. Hospital Patient Days Incurred	102,137	30,578	53,830	0	0	0	17,729	0	0	
11. Number of Inpatient Admissions	25,136	6,914	13,991	0	0	0	4,231	0	0	
12. Health Premiums Written (b)	2,731,704,755	801,786,340	1,508,867,439	0	73,756	328,891	420,648,329	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	2,716,481,189	801,787,116	1,487,737,290	0	73,756	328,891	426,554,136	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	2,070,731,777	591,941,440	1,089,498,070	0	55,656	223,940	389,012,671	0	0	
18 Amount Incurred for Provision of Health Care Services	2,073,653,456	588,033,785	1,094,237,438	0	55,656	232,037	391,094,540	0	0	

⁽a) For health business: number of persons insured under PPO managed care products

^{......4} and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. Washington, DC REPORT FOR: 1. CORPORATION CareFirst BlueChoice, Inc.

								(LOCATION	N)	
NAIC Group Code 0380 BUSINES	S IN THE STATE OF					DURING THE YE		NAIC Con	npany Code	96202
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	84,851	8,296	76,236	0	54	265	0	0	0	
2. First Quarter	83,931	8,127	75,489	0	50	265	0	0	0	
3. Second Quarter	83,072	7,520	75,225	0	50	277	0	0	0	
4. Third Quarter	81,195	7,122	73,772	0	0	301	0	0	0	
5. Current Year	79,558	6,653	72,450	0	0	455	0	0	0	
6. Current Year Member Months	989,436	90,973	894,501	0	300	3,662	0	0	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	513,496	60,334	453,162	0	0	0	0	0	0	
8. Non-Physician	344,467	42,842	301,625	0	0	0	0	0	0	
9. Total	857,963	103,176	754,787	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	15,010	2,254	12,756	0	0	0	0	0	0	
11. Number of Inpatient Admissions	4,206	626	3,580	0	0	0	0	0	0	
12. Health Premiums Written (b)	466,723,702	78 , 182 , 749	388,370,762	0	2,054	168 , 137	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	449,713,753	78,182,781	371,360,781	0	2,054	168 , 137	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	346,020,970	57,722,272	288, 107, 424	0	70,529	120,745	0	0	0	
18 Amount Incurred for Provision of Health Care Services	346,100,301	57,857,602	288,049,881	0	70,529	122,289	0	0	0	

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products _____0.

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareFirst BlueChoice, Inc. 2. Washington, DC

								(LOCATION	•	
IAIC Group Code 0380 BUSINI	ESS IN THE STATE OF	Grand Total				DURING THE YE	AR 2018	NAIC Com	npany Code	96202
	1	Comprehensive (Ho		4	5	6	7	8	9	10
	Total	Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	656,648	154,317	432,709	0	658	435	68,529	0	0	
2. First Quarter	643,005	131,809	441,764	0	608	456	68,368	0	0	
3. Second Quarter	635,819	124,504	441,459	0	618	493	68,745	0	0	
4. Third Quarter	631,370	119,874	441,065	0	596	519	69,316	0	0	
5. Current Year	630,238	114,409	445,027	0	400	666	69,736	0	0	
6. Current Year Member Months	7,653,064	1,512,819	5,300,322	0	6,887	6,088	826,948	0	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	3,999,944	851,476	2,604,313	0	0	0	544 , 155	0	0	
8. Non-Physician	3,096,872	699,457	1,984,467	0	0	0	412,948	0	0	
9. Total	7,096,816	1,550,933	4,588,780	0	0	0	957, 103	0	0	
10. Hospital Patient Days Incurred	130,443	33,775	78,939	0	0	0	17,729	0	0	
11. Number of Inpatient Admissions	33, 186	7,746	21,209	0	0	0	4,231	0	0	
12. Health Premiums Written (b)	3,660,982,961	898,524,015	2,341,008,041	0	92,517	710,059	420,648,329	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	3,613,776,990	898,524,823	2,287,895,455	0	92,517	710,059	426 , 554 , 136	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	2,766,180,615	668,351,832	1,708,149,926	0	229,785	436,401	389,012,671	0	0	
18 Amount Incurred for Provision of Health Care Services	2,770,709,792	664,348,487	1,714,587,499	0	229,785	449,481	391,094,540	0	0	

⁽a) For health business: number of persons insured under PPO managed care products

^{......4} and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
									Reserve Liability			
NAIC					Type of	Type of			Other Than for	Reinsurance Payable	Modified	
Company	ID	Effective		Domiciliary	Reinsurance	Business		Unearned	Unearned	on Paid and	Coinsurance	Funds Withheld
Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Under Coinsurance
13130	52-1840919	04/01/2008	The Dental Network, Inc.	MD	QA/G	D	3,688,753	0	0	594,422	0	0
0299999. U	.S. Affiliates -	Other					3,688,753	0	0	594,422	0	0
0399999. To	otal - U.S. Affi	liates					3,688,753	0	0	594,422	0	0
0699999. To	otal - Non-U.S	. Affiliates					0	0	0	0	0	0
0799999. To	otal - Affiliates						3,688,753	0	0	594,422	0	0
1099999. To	otal - Non-Affi	iates					0	0	0	0	0	0
1199999. To	otal U.S. (Sun	n of 0399999 a	and 0899999)				3,688,753	0	0	594,422	0	0
1299999. To	otal Non-U.S.	(Sum of 06999	999 and 0999999)				0	0	0	0	0	0
												+
												+
9999999 - T	otals						3,688,753	0	0	594,422	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year NAIC Effective Domiciliary Company Name of Company Unpaid Losses Paid Losses Code Number Date Jurisdiction 0399999. Total Life and Annuity - U.S. Affiliates 0 0699999. Total Life and Annuity - Non-U.S. Affiliates 0799999. Total Life and Annuity - Affiliates 0 1099999. Total Life and Annuity - Non-Affiliates 0 0 0 1199999. Total Life and Annuity 0 1499999. Total Accident and Health - U.S. Affiliates 1799999. Total Accident and Health - Non-U.S. Affiliates
189999. Total Accident and Health - Affiliates
189999. Total Accident and Health - Affiliates
199999. Accident and Health - U.S. Non-Affiliates 0 0 0 0 0 0 0 .204,148 . DC 204,148 2199999. Total Accident and Health - Non-Affiliates 2299999. Total Accident and Health 204,148 2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) 2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 20999999) 204,148 0 0

9999999 Totals - Life, Annuity and Accident and Health

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

			Neirisulance C	Cucu Acciu	ient and mean	I IIISUIAIICE LI	sted by Remading Co	Jilipally as of Dece	ember 31, Current Ye				
1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
				Domi-					Reserve Credit	11	12		
NAIC				ciliary	Type of	Type of		Unearned	Taken Other			Modified	Funds Withheld
Company	ID	Effective		Juris-	Reinsurance	Business		Premiums	than for Unearned			Coinsurance	Under
Code	Number	Date	Name of Company	diction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
	53-0078070	.01/01/2007	Group Hospitalization and Medical Services, Inc.	DC	LRSL/G	CMM	12,500	0	0	0	0	0	0
47058			CareFirst of Maryland, Inc.	MD	LRSL/G	CMM	12,500	0	0	0	0	0	0
			zed U.S. Affiliates - Other				25,000	0	0	0	0	0	0
			uthorized U.S. Affiliates				25,000	0	0	0	0	0	0
			uthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			uthorized Affiliates				25,000	0	0	0	0	0	0
			uthorized Non-Affiliates				0	0	0	0	0	0	0
	Total General						25,000	0	0	0	0	0	0
			nauthorized U.S. Affiliates				0	0	0	0	0	0	0
			nauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			nauthorized Affiliates				0	0	0	0	0	0	0
			nauthorized Non-Affiliates				0	0	0	0	0	0	0
	Total General						0	0	0	0	0	0	0
			ertified U.S. Affiliates				0	0	0	0	0	0	0
			ertified Non-U.S. Affiliates				0	0	0	0	0	0	0
			ertified Affiliates			·	0	0	0	0	0	0	0
			ertified Non-Affiliates				0	0	0	0	0	0	0
	Total General						0	0	0	0	0	0	0
			thorized, Unauthorized and Certified				25,000	0	0	0	0	0	0
			Authorized U.S. Affiliates				0	0	0	0	0	0	0
			Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			Authorized Affiliates				0	0	0	0	0	0	0
			Authorized Non-Affiliates		·		0	0	0	0		0	0
	Total Separat						0	0	0	0	0	0	0
			Unauthorized U.S. Affiliates		·		0	0	0	0	0	0	0
			Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			Unauthorized Affiliates				0	0	0	0	0	0	0
			Unauthorized Non-Affiliates			·	0	0	0	0	0	0	0
	Total Separat						0	0	0	0	0	0	0
			Certified U.S. Affiliates				0	0	0	0	0	0	0
			Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
6399999.	Total Separat	e Accounts -	Certified Affiliates				0	0	0	0	0	0	0
			Certified Non-Affiliates				0	0	0	0	0	0	0
6799999.	Total Separat	e Accounts C	Certified				0	0	0	0	0	0	0
6899999.	Total Separat	e Accounts A	Authorized, Unauthorized and Certified				0	0	0	0	0	0	0
6999999.	Total U.S. (Su	ım of 039999	9, 089999, 1499999, 1999999, 2599999, 3099999, 3799999,	4299999, 489	9999, 5399999,	5999999 and							
	6499999)		,	•			25,000	0	0	0	0	0	0
			69999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099	999, 4399999	9, 5199999, 5499	999, 6299999							
	and 6599999	9)	<u> </u>				0	0	0	0	0	0	0
9999999 -	Totals						25,000	0	0	0	0	0	0

Schedule S - Part 4 **N O N E**

Schedule S - Part 4 - Bank Footnote **NONE**

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote **NONE**

SCHEDULE S - PART 6

	Five Year E	Exhibit of Reinsuran	ice Ceded Business	s (\$000 Omitted)	I	T
		1 2018	2 2017	3 2016	4 2015	5 2014
	A. OPERATIONS ITEMS					
1.	Premiums	25	25	4,093	6,427	4,266
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance	0	0	0	0	0
5.	Total hospital and medical expenses	0	1,551	45,939	105,567	35,879
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable	0	0	0	0	0
7.	Claims payable	0	0	7,302	9,901	4,620
8.	Reinsurance recoverable on paid losses	204	5,808	68,466	86,381	31,259
9.	Experience rating refunds due or unpaid	0	0	0	0	0
10.	Commissions and reinsurance expense allowances due	0	0	0	0	0
11.	Unauthorized reinsurance offset			0	0	0
12.	Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust	0	0	0	0	0
18.	Funds deposited by and withheld from (F)	0	0	0	0	0
19.	Letters of credit (L)	0	0	0	0	0
20.	Trust agreements (T)	0	0	0	0	0
21.	Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	824,592,848	0	824,592,848
2.	Accident and health premiums due and unpaid (Line 15)	115,688,079	0	115,688,079
3.	Amounts recoverable from reinsurers (Line 16.1)	204,148	(204, 148)	0
4.	Net credit for ceded reinsurance	xxx	204 , 148	204 , 148
5.	All other admitted assets (Balance)	273,323,832	0	273,323,832
6.	Total assets (Line 28)	1,213,808,907	0	1,213,808,907
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	184,910,604	0	184,910,604
8.	Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9.	Premiums received in advance (Line 8)	65,335,295	0	65,335,295
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14.	All other liabilities (Balance)	242,507,830	0	242,507,830
15.	Total liabilities (Line 24)	492,753,729	0	492,753,729
16.	Total capital and surplus (Line 33)	721,055,178	XXX	721,055,178
17.	Total liabilities, capital and surplus (Line 34)	1,213,808,907	0	1,213,808,907
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	204 , 148		
22.	Other ceded reinsurance recoverables	. 0		
23.	Total ceded reinsurance recoverables	204,148		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	. 0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	204,148		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories Direct Business Only 5 2 3 6 Disability Income Long-Term Care Annuities Life (Group and Individual) (Group and (Group and (Group and Deposit-Type States, Etc. Individual) Individual) Individual) Contracts Totals 1. Alabama Alaska 3. 4. AR 5. California CA 6 Colorado CO Connecticut CT 7. 8. _____DE Delaware 9. District of Columbia DC 10. Florida FL 11. Georgia GA Hawaii HI 13. ID Illinois 14.IL Indiana 15IN 16. lowa IA 17. Kansas KS 18. Kentucky KY 19. Louisiana LA 20. Maine ME 21. MD Maryland 22. Massachusetts MA 23. Michigan MI 24. Minnesota MN 25. Mississippi MS MO 26. Missouri МΤ 27. Montana 28. Nebraska 29. Nevada 30. New Hampshire 31. New Jersey 32. New Mexico NM 33. New York 34. North Carolina NC ND 35. North Dakota 36. Ohio OH 37. Oklahoma OKOR 38. Oregon 39. Pennsylvania 40. RI 41. South Carolina SC 42 South Dakota SD 43 Tennessee TN 44 Texas TX Utah UT 45. 46. 47. VirginiaVA 48. Washington WA 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53 Guam GU PR 54. Puerto Rico 55. U.S. Virgin IslandsVI 56. Northern Mariana Islands MP 57. Canada CAN Aggregate Other Alien OT 58.

59.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	lf		_ '	
											of Control	Control		_ '	
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-			Management,	ship		Filing	
		NAIG					NI		- 1					3	
		NAIC				if Publicly Traded	Names of	ciliary		5: " 6 : " 11	Attorney-in-Fact,	Provide		Re-	
Group		Company	ID.	Federal		(U.S. or	Parent, Subsidiaries	Loca-		Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0380	Carefirst Inc Group	47021	52-2069215				CareFirst, Inc.	MD	IA			0.000	CareFirst, Inc.	N	
							Group Hospitalization and Medical Services,							_ '	
	Carefirst Inc Group	53007	53-0078070				Inc	DC		CareFirst, Inc.	Board of Directors	0.000			
0380	Carefirst Inc Group	47058	52-1385894				CareFirst of Maryland, Inc.	MD	IA	CareFirst, Inc.	Board of Directors	0.000	.CareFirst, Inc	N	
							Service Benefit Plan Administrative Services			Group Hospitalization and Medical				_ '	
		00000	20-1907367				Corporation	DE	NI A	Services, Inc.	Ownership	90.000	CareFirst, Inc.	N	
			27-4297513				CareFirst Holdings, LLC	MD		CareFirst, Inc.	Board of Directors		CareFirst, Inc.		
		00000	52-1724358				Capital Area Services Company, LLC	WV	NI A	CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.		
0380	Carefirst Inc Group		52-1358219				CareFirst BlueChoice, Inc.	DC	RE	CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.	N'	
		00000	52-1187907				CFA, LLC	MD	NI A	CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.	N	
0380	Carefirst Inc Group	60113	52-1962376				First Care, Inc.	MD	IA	CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.		
			52-1118153				National Capital Insurance Agency, LLC	DC		CareFirst Holdings, LLC	Ownership	100.000	CareFirst, Inc.		
			35-2584039				CareCo, LLC	MD	NI A	CareFirst Holdings, LLC	Ownership		CareFirst, Inc.	N	
			52-2362725				CapitalCare, Inc.	VA	DS	CareFirst BlueChoice, Inc.	Ownership	100.000	CareFirst, Inc.	N	
0380	Carefirst Inc Group	13130	52-1840919				The Dental Network, Inc.	MD	DS	CareFirst BlueChoice, Inc.	Ownership	100.000	CareFirst, Inc.	N	
														'	
														· '	
												 		['	
									ļ					'	4

A	Asterisk	Explanation
		N/A

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

				VI OI 1140	JOILLIN O		FIIONS W		~			
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC	ID.	Name of the same of Board	01	0 11 - 1	Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Mortgage Loans or Other Investments	the Benefit of any Affiliate(s)	Agreements and Service Contracts	Reinsurance Agreements	*	the Insurer's Business	Totals	Reserve Credit Taken/(Liability)
		CareFirst, Inc.	Dividends	Contributions	Other investments	Alliliate(s)	(138,016,021)	Agreements		business	(138,016,021)	rakeri/(Liability)
			U	0	0	0	(138,010,021)	0			(138,010,021)	
53007		Group Hospitalization and Medical		(04 000 500)	•		47 004 407			(450,000,000)	(407.000.000)	(F. 100 FF0)
4=0=0		Services, Inc.	0	(24,999,500)	0	0	47,061,197	0		(150,000,000)		(5,482,559)
	52-1385894	CareFirst of Maryland, Inc.	0	(25,000,500)	0	0	518,538,464	0		(150,000,000)	343,537,964	5,482,559
00000		Service Benefit Plan Administrative										
		Services Corporation	0	0	0	0	(62,881,479)	0		<u>0</u>	(62,881,479)	0
	27-4297513	CareFirst Holdings, LLC	0	27,500,000	0	0	0	0		0	27,500,000	0
	52-1962376	First Care, Inc.	0	22,500,000	0	0	0	0		0	22,500,000	0
	52-1724358	Capital Area Services Company, LLC	0	0	0	0	45,644,020	0		0	45,644,020	0
	52-1358219	CareFirst BlueChoice, Inc.	0	0	0	0	(410,346,181)	0		300,000,000	(110,346,181)	(594,422)
13130	52-1840919	The Dental Network, Inc.	0	0	0	0	0	0		0	0	594,422
									1	İ		
							L			 	L	L
0000000	T-4-1-											
9999999 Cor	itroi i otals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	_	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile b		SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1?		YES
3. 4.	Will the confidential Risk-based Capital Report be filed with the NAIC by March Will the confidential Risk-based Capital Report be filed with the state of domicile		YES YES
••	Will the commontant rack based capital report be med with the state of dominate	, in roquirou, by maron 1	ILO
_	APRIL FILING Will Management's Discussion and Analysis be filed by April 1?		VEC
5. 6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
	JUNE FILING		
8.	Will an audited financial report be filed by June 1?		YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and e	electronically with the NAIC by June 1?	YES
10.	AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related M electronically with the NAIC (as a regulator-only non-public document) by Augus	fatters Noted in Audit be filed with the state of domicile and	YES
	The following supplemental reports are required to be filed as part of your annu supplement. However, in the event that your company does not transact to the specific interrogatory will be accepted in lieu of filing a "NONE" reput is not being filed for whatever reason enter SEE EXPLANATION and provide	he type of business for which the special report must be file ort and a bar code will be printed below. If the supplement is	d, your response of
11	MARCH FILING		NO
11. 12.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the sta Will the Supplemental Life data due March 1 be filed with the state of domicile a		NO NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of	of domicile by March 1?	SEE EXPLANATION
14.	Will the actuarial opinion on participating and non-participating policies as require be filed with the state of domicile and electronically with the NAIC by March 1?		NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogated domicile and electronically with the NAIC by March 1?	ry 3 to Exhibit 5 to Life Supplement be filed with the state of	NO
16. 17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicil Will an approval from the reporting entity's state of domicile for relief related to the		NO
	electronically with the NAIC by March 1?		NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the electronically with the NAIC by March 1?		NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the with the NAIC by March 1?	ne Requirements for Audit Committees be filed electronically	NO
20.	APRIL FILING Will the Long-Term Care Experience Reporting Forms be filed with the state of or	domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and		NO VEO
22. 23.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the sta Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense		YES
24.	NAIC by April 1?		YES
25.	the NAIC by April 1?	Act Assessment Base Reconciliation Exhibit (if required) be	YES
	filed with the state of domicile and the NAIC by April 1? AUGUST FILING		YES
26.	Will Management's Report of Internal Control Over Financial Reporting be filed		YES
1	Explanations: An extension was granted by the state of domicile to file on 4/15/2019.		
11.	The state of the s		
12. 13.	Not applicable. Company does not have 100 or more stockholders.		
14.	Not applicable. Company does not have 100 of more stockholders.		
15.			
16. 17.			
18.			
19. 20.			
21.			
	Bar Codes:		
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]		
12.	Life Supplement [Document Identifier 205]		
1.1	Participating Opinion for Fubikit 5 (Dogument Identifier 274)		
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]		
		9 6 2 0 2 2 0 1 8 3 7 1 0 0 0	
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]		
16.	Medicare Part D Coverage Supplement [Document Identifier 365]		
17.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]		
	·		
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]		
	[
19.	Relief from the Requirements for Audit Committees [Document Identifier 226]		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

21. Life Supplement [Document Identifier 211]



ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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